

Sanitation and HACCP Self-Review Form

School District or RCCI: _____

Agreement Number: ____ - ____

Date of 1st Sanitation Inspection (required): ____ / ____ / ____

If not completed, please explain:

Date of 2nd Sanitation Inspection (required): ____ / ____ / ____

If not completed, please explain:

Date of any other Sanitation Inspections: ____ / ____ / ____

Update on HACCP (Hazard Analysis and Critical Control Points) Plan: *A HACCP Plan is required for all schools participating in the School Nutrition Programs.*

Person(s) responsible: _____

Staff person(s) ServSafe certified: _____

Staff person(s) trained in HACCP: _____

Signature

Date

Please maintain on file at school district. This form is for the school's use to determine if they are meeting safety and sanitation requirements.

**** If you are a new clerk or secretary, or know of a new clerk or secretary who has not dealt with the School Nutrition Programs previously, administrative training is available free of charge. Please contact School Nutrition Programs at (406) 444-2501. ****



Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501